



THEATER LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION

200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202

(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

LICENSE PERIOD:

April 1 thru March 31, of even numbered years.

APPLICATION:

Applications available at the City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202, (414) 286-2238.

LICENSE FEE:

The fee is thirty cents per seat rounded to the nearest \$50.00, with a minimum fee of \$200.00 and a maximum fee of \$1,500.00. Checks should be made payable to the City of Milwaukee.

SIGNATURES:

The notarized signatures of an individual, all partners, the agent, president and secretary of a corporation, and the agent and all members of a limited liability company are required.

REQUIREMENTS:

If the applicant is not a city of Milwaukee resident, you must list a local representative who lives in Milwaukee County, upon which service can be made.

Applicants must also obtain a permit from the Milwaukee Development Center (Permit Desk), 809 N. Broadway, 1st Floor, telephone (414) 286-8211.

Contact the Health Department, 841 N. Broadway, telephone (414) 286-3674 to check on any licenses you may need.

Regulations are located in

Section 83 of the Milwaukee Code of Ordinances and may be viewed online

<http://www.ci.mil.wi.us/citygov/council/isysintro.htm>

or purchased from the Legislative Reference Bureau in City Hall, Room B-11.



**City
of**

Milwaukee

THEATER (STAGE or CINEMA) APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 E-MAIL ADDRESS: LICENSE@MILWAUKEE.GOV

THE FEE IS 30 CENTS PER SEAT, ROUNDED TO THE NEAREST \$50.00.

MINIMUM FEE: \$200.00

MAXIMUM FEE: \$1,500.00

Check one:

- ☐ Individual or ☐ Partnership (Fill out Section A, B, D & E)
☐ Corporation or LLC (Fill out Section B, C, D & E)

Section A	INDIVIDUAL OR PARTNERSHIP:	
	Full Name (Last, First & Middle Initial)	Full Name (Last, First & Middle Initial)
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:
Section B	Theater Name:	
	Theater Address (include City, State, Zip Code):	
	Number of Seats:	Theater Phone Number:
Section C	Full Name of corporation or limited liability company:	
	Mailing Address, if different from business address (include City, State, & Zip Code):	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Phone Number: () -
	Home Address (include City, State & Zip Code):	
	Date of Birth:	
	<i>President/Member</i>	<i>Vice President/Member</i>
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Home Address (include City, State, Zip Code):	Home Address (include City, State, Zip Code):
	Home Phone Number: () -	Home Phone Number: () -
	Date of Birth:	Date of Birth:

OVER

C Cont.	<i>Secretary/Member</i>		<i>Treasurer/Member</i>	
	Full Name (Last, First & Middle Initial):		Full Name (Last, First & Middle Initial):	
	Home Address (include City, State, Zip Code):		Home Address (include City, State, Zip Code):	
	Home Phone Number: () -		Home Phone Number: () -	
Date of Birth:		Date of Birth:		
Section D	If none of the above reside in Milwaukee County, fill out below for Local Person in Charge:			
	Full Name (Last, First & Middle Initial):		Date of Birth:	
	Home Address (include City, State, Zip Code):		Home Phone Number: () -	
Section E	<p>The undersigned agrees to inform the City Clerk within ten days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.</p> <p>I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.</p> <p>SUBSCRIBED AND SWORN TO BEFORE ME THIS</p> <p>_____ day of _____, 20_____</p> <p>_____ Notary Public, State of Wisconsin</p> <p>My commission expires _____</p>			
	<p>_____ Signature of Individual/Agent of Corp or LLC/Partner</p> <p>_____ Signature of President of Corp/Member of LLC/Partner</p> <p>_____ Signature of Secretary of Corp/Add'l Members/Partners</p>			

Office Use Only:

Initials: _____ Filed: _____ License #: _____ Granted: _____